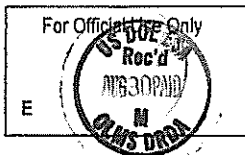


AMENDED FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13602</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>DANIEL S ANDERSON JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>14517 State House Dr</u> City <u>Centreville</u> State <u>VIRGINIA</u> ZIP Code + 4 <u>20121</u>	4. Name, file number, and address of labor organization. Name <u>Service Emps</u> Labor Organization File Number <u>600083</u> P.O. Box, Building and Room Number, if any _____ Street <u>1023 15th ST NW</u> City <u>WASHINGTON</u> State <u>D C</u> ZIP Code + 4 <u>20005</u>
5. Position in labor organization. <u>Secretary - Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>NA</u> 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Daniel S Anderson Jr</u>	On <u>8-27-05</u> <u>202-962-0981</u> Date Telephone Number

Name of Person Filing

DANIEL ANDERSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNITED HEALTHCARE

Trade Name, if any: UHC

P.O. Box, Bldg., Room No., if any

Street 450 Columbus Blvd BNA

City Hartford

State Connecticut ZIP Code + 4 06103

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

UHC IS the Administrator of the
RAILROAD employees NATIONAL
health plan

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINWIDOR meetings
4/20/04

12.b. Amount.

67.86

Name of Person Filing <u>DANIEL ANDERSON</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Kelly Press</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1701 CABIN Branch Dr.</u> City <u>Chesley</u> State <u>Maryland</u> ZIP Code + 4 <u>20785</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>Printing Services</u> </div>
11.b. Approximate dollar value of such dealing. <u>\$63,313.42</u>	
12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>Holiday Gift (Food stuff)</u> </div>	
12.b. Amount. <u>Apprx. 60.00</u>	

Name of Person Filing DANTEH ANDERSON		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name American Products</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1600 N. Clinton Ave.</p> <p>City Rochester</p> <p>State New York ZIP Code + 4 14621</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		<p>11.a. Nature of such dealing.</p> <p>Promotional Items</p> <p>11.b. Approximate dollar value of such dealing. \$ 46,814.00</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift (foodstuff)</p> <p>12.b. Amount. 50.00</p>

406

Name of Person Filing DANIEL ANDERSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name DENNIS JENKINS CPA Trade Name, if any: P.O. Box, Bldg., Room No., if any 1200 Suite 1250 Street 1301 Shiloh Rd City Kennesaw State Georgia ZIP Code + 4 30144	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> Accounting & Audit Services. </div> 11.b. Approximate dollar value of such dealing. \$26,726.00 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> Holiday Gift (food stuffs) 12/20/04 </div> 12.b. Amount. \$60.00

506

Name of Person Filing DANIEL ANDERSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NAT CONFERENCE OF FIREMEN & Oilers PENSION FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **27 Roland Ave**

City **MT Laurel**

State **NJ** ZIP Code + 4 **086-54-3105**

11.a. Nature of such dealing.

Trustee of Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Actual expense reimbursement for meeting

Lodging paid by fund to Vendor	1612.12
3/11/04-3/14/04	67.75
meal	
Lodging 12/6/04 + 12/7/04	156.78

12.b. Amount.

1836.65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **CRAWZOW Consulting Group**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 300**

Street **4525 Sharon Rd**

City **Charlotte**

State **North Carolina** ZIP Code + 4 **28211**

14.a. Nature of payment.

Group Dinner meeting 12/6/04

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

50.00

Name of Person Filing DANIEL ANDERSON	File Number U-
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name C. MARSHAL Friedman Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 10th floor Street 1010 MARKET Street City ST Louis State Missouri ZIP Code + 4 63101	14.a. Nature of payment. <div style="font-family: cursive; font-size: 1.2em;"> 11/04 Holiday Gift \$73.00 12/04 Holiday Gift \$121.00 </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$194.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name FRANK M. UACCARO Trade Name, if any: UACCARO & ASSOCIATES P.O. Box, Bldg., Room No., if any Suite 200 Street 27 Roland Ave City Mt Laurel State New Jersey ZIP Code + 4 08054-3105	14.a. Nature of payment. <div style="font-family: cursive; font-size: 1.2em;"> Group Dinner Meeting \$90.00 Spouse Attended 3/12/04 </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$90.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SERRA Investment Partners Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any Suite 300 Street 101 YGNACIO Valley Rd City Walnut Creek State CA ZIP Code + 4 94596	14.a. Nature of payment. <div style="font-family: cursive; font-size: 1.2em;"> Holiday Gift (spirits) \$45.00 </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$45.00